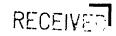
## STATEMENT OF **ORGANIZATION**



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1. NAME OF COMMITTEE (in fu	ıll)		eck if name hanged)		mple:If typing, type the lines.	12FE4N	15	• • •.
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(Check if address is changed)		BOCA	RATC	N		FL	33429	
				CITY		STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  CONGRESSIONALCAMPAIGNSFUNDPACS@GMAIL.COM (Check if address)								Μ
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3. FEC IDENTIFICA	TION NUM	MBER	С					
4. IS THIS STATEME	NT 🗵	NEW (N	) OR		AMENDED (A)			
I certify that I have exa	mined this	Statement	and to the be	est of my	knowledge and belief	it is true, corr	ect and complete.	
Type or Print Name of	Treasurer	JAM	ES LIN	COL	N			
Signature of Treasurer		Dan	res x	en est	n	Date Ö	9°′24°′20′12	Υ
NOTE: Submission of fall					oject the person signing		to the penalties of 2 U.S.C. §43	i7g.
Office Use					For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	